DECLARATION AND POWER OF ATTORNAL UNDER 35 USC §371(c)(4) FOR PCT APPLICATION FOR UNITED STATES PATENT

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated below under my name;

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought, namely the invention entitled: PHOTOMASK, METHODS OF MANUFACTURING THE SAME AND METHOD OF FORMING MICROPATTERN described and claimed in international application number PCT/IP99/04124 filed July 30, 1999.

I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations §1.56.

Under Title 35, U.S. Code §119, the priority benefits of the following foreign application(s) filed within one year prior to my international application are hereby claimed:

Japanese Patent Application No. 10-217433 filed July 31, 1998

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to my international application, or (b) before the filing date of the above-named foreign priority application(s):

I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the Patent Office:

James A. Oliff, Reg. No. 27,075; William P. Berridge, Reg. No. 30,024; Kirk M. Hudson, Reg. No. 27,562; Thomas J. Pardini, Reg. No. 30,411; Edward P. Walker, Reg. No. 31,450; Robert A. Miller, Reg. No. 32,771; Mario A. Costantino, Reg. No. 33,565; and Caroline D. Dennison, Reg. No. 34,494.

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFE & BERRIDGE, PLC, P.O. BOX 19928, ALEXANDRIA; VIRGINIA 22320, TELEPHONE (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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of Sole or First Inventor Inventor's Signature		G	lasaru iven Name	Middle Initi	ial Family Name			
			nasaru		MITSUI			
Date of Sig	nature	AP	ril _	//	_ <u>2000 </u>	_		
2000			Month	Day	Year			
Residence:		Tokyo			Japan			
Citizenship:	Japan	City		State or Province	ice Jo Country			
•		t Office Address:		C/O HOYA CORPORATION				
(Insert complete mailing address, including country)		nailing	7-5, Nakaochiai, 2-chome, Shinjuku-ku, Tokyo 161-0032, Japan					

Note to Inventor: Please sign name on line 2 exactly as it appears in line 1 and insert the actual date of signing on line 3.

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ı	Typewritten Full Name		,* *	NAMA CATA			
	of Joint Inventor	Haruhiko) (1.31 - 1.24) 1	YAMAGATA.			
2	Inventor's Signature:	Given Name Harvhi Ko	Middle Initial	Family Name YAMACTATA			
3	Date of Signature:	April -	14	2000			
, ((7)	Month yo	Day	Year Japan			
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1	Typewritten Full Name of Joint Inventor	Masao,		USHIDA			
<i>)</i> 2	Inventor's Signature:	Given Name MASAO	Middle Initial	Family Name USLIA			
3	Date of Signature:	Apull _	14 _	,2000			
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1	Typewritten Full Name of Joint Inventor						
		Given Name	Middle Initial	Family Name			
2	Inventor's Signature:						
3	Date of Signature:		 Day	Year			
	Residence:	Monn	<u> </u>				
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· 1	Typewritten Full Name of Joint Inventor						
•	,	Given Name	Middle Initial	Family Name			
2	Inventor's Signature:						
3	Date of Signature:	Month	Day	Year			
	Residence:	City	State or Province	Country			
	Citizenship:	-					
	Post Office Address: (Insert complete mailing						
	address, including country)						

Note to Inventor: Please sign name on line 2 exactly as it appears in line 1 and insert the actual date of signing on line 3.

This form may be executed only when attached to the first page of the Declaration and Power of Attorney of the application to which it pertains.